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ABSTRACT

Noting that the population of foster children who "age out" of the foster care system may be even more at risk than other foster children, this research brief summarizes a longer report examining trends in foster care in the United States, the number and needs of those aging out of the system, and public policy implications. The brief indicates that there has been rapid growth in the population of children in foster care over the past 20 years. Although relatively high exit rates from formal foster care mean that most foster children either return home, go on to live with relatives, or are adopted, a significant number of children remain in the system until they age out. In addition to emotional, behavior, developmental, and health problems related to family and environmental factors, this small population of young adults has a broader constellation of problems that includes emotional disturbance, illegal drug use, and involvement with the legal system, that make adjustment to adult life extremely challenging. The brief offers two strategic goals for public policy: to reduce the number of youth aging out of foster care each year and to help young adults who age out of foster care to overcome the difficulties they may face. The brief concludes by reiterating that helping youth who are aging out of the foster care system to overcome their troubled background remains a pressing societal concern and that research-based information can provide guidance to policymakers and practitioners in their endeavors to provide that assistance. (Contains 47 endnotes.) (KB)

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Richard Wertheimer, Ph.D.

Child Trends, Inc.

December 2002

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Youth who "Age Out" of Foster Care: Troubled Lives, Troubling Prospects

By Richard Wertheimer, Ph.D.

December 2002

Overview *When children are abused, neglected, or abandoned by their parents or when parents' own difficulties (such as drug addiction, mental illness, and incarceration) leave them unable to provide adequate care, other relatives often step in. If no family members are able to take in these children, a court often places them in the care of other families or in institutions. And so, they enter the foster care system.*

Today, more than 500,000 children in America live in foster care – about 8 out of every 1,000 children.[1] *This is a vulnerable population. Children who enter foster care have emotional, behavioral, developmental, and health problems that reflect the difficult family and environmental circumstances that caused them to be removed from their homes in the first place. Most of the children in foster care return to their families or are adopted (often by their foster parents), but not all. In 2000, more than 19,000 of the oldest children left foster care – or "aged out" in the parlance of child protective services – and many were pretty much on their own.*[2] *Usually, this happened when they turned 18.*[3]

If foster children, in general, are a population at risk, youth who age out of the system may be even more so. Research suggests that without the extended support most families provide young people in the transition to adulthood, youth leaving foster care face enormous challenges in building successful lives. They are less well prepared educationally, have a harder time embarking on a productive career, are more likely to abuse drugs and alcohol, and are more likely to be involved with the legal system. However, it is worth recalling that many of the problems evidenced by foster children have their roots in experiences that occurred before they entered the foster care system.

Various strategies may be effective in reducing the number of young adults aging out of foster care, including ensuring that every child born in America is a "wanted" child, improving the home environments of children at risk of abuse and neglect, and accelerating the permanent placement of foster children when it is clear that their home environments pose too great a risk for them to return. And various approaches are being taken to help these vulnerable young people as they must navigate the waters of early adulthood largely on their own. Some of these approaches appear promising, but rigorous research is needed to confirm that what we think may work does, in fact, help this vulnerable population.

FOSTER CARE IN THE U.S.

General Trends

The vast majority of children in the U.S. live with one or both parents – 96 percent did so in 2000.[4] Yet about 1.4 million children live with neither a parent nor a grandparent. Foster children make up more than 40 percent of this group of children, with children living with other relatives or in other arrangements making up the balance. Over the past two decades, the foster care population has grown substantially. Between 1980 and 2000:[5]

- The *number* of children in foster care increased from 302,000 to 556,000 (as shown in Figure 1).
- The *rate* of children in foster care increased from 4.7 for every 1,000 U.S. children in 1980 to 7.7 in 2000.

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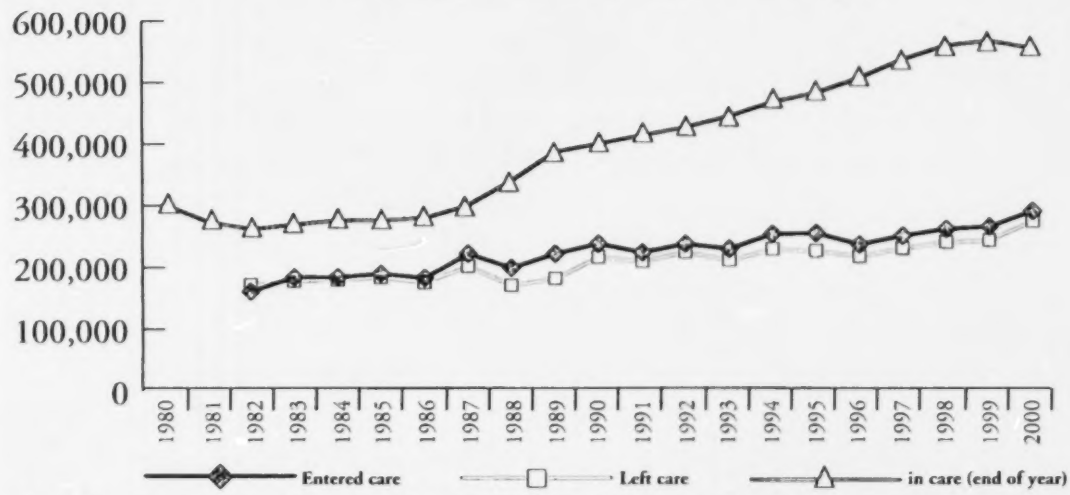
FIGURE 1

Children of all ages entering foster care, leaving foster care, and in foster care at end of year, 1980-2000



Source: U.S. House of Representatives Committee on Ways and Means (2000). *Green Book 2000*; U.S. Department of Health and Human Services (2002). The AFCARS Report #7, Interim FY 2000 Estimates.

What's behind these dramatic increases? On one level, they reflect the simple fact that more children are entering the foster care system than are leaving it. This amounts to a relatively small number of children each year, but year after year these numbers add up, as seen in Figure 1. On another level, the growth in the foster care caseload during the 1980s and early- to mid-1990s coincides with increasing public awareness of child abuse and neglect and several pieces of legislation designed to address it.[6] In the late 1990s, the foster care caseload continued to increase even as substantiated cases of child abuse and neglect declined

Racial and Ethnic Disparities

Analyses show that the likelihood of entering care and the likelihood of leaving care vary substantially by race. In 1999, for example:[7]

- Non-Hispanic black children were overrepresented among children entering foster care and living in foster care. Although black children accounted for only 15 percent of all children under age 18, they accounted for 30 percent of children entering foster care, and 42 percent of children living in foster care.
- American Indian, Eskimo, and Aleut children were also overrepresented (1.0 percent of all children, 2.7 percent of children entering foster care, and 1.8 percent of children living in foster care).
- Hispanic children were somewhat overrepresented among children entering and living in foster care in proportion to their share of the overall population (16 percent of all children, 18 percent of children entering foster care, and 18 percent of children living in foster care).
- Non-Hispanic white children were substantially underrepresented (64 percent of all children, 47 percent of children entering foster care, and 37 percent of children living in foster care).
- Asian and Pacific Islander children were also underrepresented (4 percent of all children, 2 percent of children entering foster care, and 1 percent of children living in foster care).

The end result of these disparities is a population of children in foster care that looks very different from the overall population of U.S. children. What might account for this discrepancy? The overrepresentation of black children in foster care is partially due to a higher rate of *entering* care (8 entries for every 1,000 black children versus 3 entries for every 1,000 white children and 4 entries for every 1,000 Hispanic children).[8] But this overrepresentation is also partially due to a lower rate of *leaving* care. Only 33 percent of black foster children left care in 1999, compared with 53 percent of whites and 39 percent of Hispanics.[9] In other words, the higher entry rate for black children combined with the lower exit rate

leads to a dramatic overrepresentation of black children in foster care.

But that is only a surface explanation. The deeper reasons for this overrepresentation are complex, as well as controversial, underscoring the need for future research to sort them out.[10] Possible explanations include:

- a higher prevalence of poverty, single-parenthood, and incarceration among black families;
- higher rates of public assistance and receipt of social services (both of which may increase scrutiny) among black families;
- policies of social services agencies that placed heavy weight on placing foster children with adoptive families of the same race; and
- conscious or unconscious stereotypes that may lead social workers to judge black parents suspected of child abuse or neglect by a different standard than parents of other races.

Characteristics of Foster Children

There is no typical foster child. Each child in foster care has his or her own history, personality, talents, and limitations, as is true of all children. Nevertheless, research suggests that most children who have experience with the foster care system share a number of common characteristics. For example, they are more likely to have:

- **Compromised development:** Nearly all studies of children in foster care show that they experience more developmental problems than other children while growing up. For example, children living with foster parents are more likely than children living with biological parents or stepparents to have behavioral and emotional problems, problems in school adjustment, and to be in poor physical or mental health.[11] This pattern was evident even when these foster children were compared with an at-risk population of children living in single-parent, low-income families.[12]
- **Higher levels of risky behaviors:** According to retrospective data on childhood living experiences and sexual behaviors, living in either foster care or "kinship care" (foster care provided by a relative) was linked with high-risk sexual behaviors.[13] Specifically, living in foster care was associated with an earlier age of first pregnancy and having a larger number of sexual partners. Similarly, foster care by a relative was associated with an earlier age of first intercourse and having a larger number of sexual partners.

These findings should not be taken to mean that living in foster care, by itself, is necessarily harmful to children. Many of the problems experienced by foster children originated before they entered the foster care system. As noted, nearly all children entering foster care are victims of sexual or physical abuse, neglect, or abandonment, or have a parent who is incarcerated or otherwise unable to care for them.[14] Thus, it is not surprising that these children are much more likely than other children to have emotional, behavioral, developmental, and health problems[15] when they enter foster care.

Unfortunately, it is difficult to assess the effect of foster care itself on foster children because situations are often very complex, and research is generally based on small samples that are not nationally representative. Still, two recent studies using small, localized samples found that being in foster care was associated with *improved* behavioral outcomes:

- A study of foster children in San Diego, California,[16] found that youth ages 7 to 12 who remained in foster care for at least five months and who did not reunify with their natural parents had fewer risky or negative behaviors six years later than youth who did reunify.
- Similarly, a study of all young children entering foster care in an area of Connecticut[17] found that the children's ability to meet standards of behavior appropriate to their age and culture increased over two consecutive six-month periods following placement.

However, some foster homes fail to provide an environment in which children can be expected to improve. A recent review of studies on the links between foster family characteristics and the behavioral and emotional problems of foster children[18] concluded that approximately 15 to 20 percent of foster families had problems in their home

environment, family functioning, and parenting. Presumably, these inadequacies make it more difficult for a foster child to develop to his or her full potential.

Aging Out Of Foster Care

Even though most children who enter foster care stay for a finite period of time, others remain in the foster care system until they reach adulthood (typically age 18.)[19] Some of these young people had spent years and years in foster care; others were removed from their homes when they were already in their mid-to-late teens.

The Numbers

During 1999, 56,593 children ages 16 and older left the foster care system.[20] Among these were 18,554 foster children who aged out of the system by becoming legally independent.

The same racial and ethnic disparities that are evident in the foster care population as a whole are apparent in the population of those youth who age out of foster care. More than 35 percent of youth aging out of foster care in 1999 were black, even though black children account for only 15 percent of children under age 18. Conversely, non-Hispanic white children were underrepresented – accounting for 45 percent of children aging out of foster care but 64 percent of all children under age 18.[21]

In addition to race and ethnicity, geography seems to have some bearing on the population of youth aging out of foster care. More specifically, children expected to age out of foster care in the next few years are not spread evenly among the states. For example, as of September 30, 1999, three states (California, Illinois, and New York) accounted for more than 36,000 of the 16- to 18-year-olds in foster care – nearly two-fifths of all foster children in that age group. In contrast, 22 states had fewer than 1,000 apiece.[22] Large differences also exist in the rate at which youth age out of foster care, with 19 states having rates of less than one youth in this category for every 1,000 youth ages 16 to 18 and three states (California, Massachusetts, and Minnesota) and the District of Columbia having rates higher than 3 for every 1,000 youth in that age range.[23]

Behind the Numbers

Several factors can account for why some youth are still in foster care on the cusp of early adulthood:

- **Age at entry to foster care.**[24] The children who are at highest risk of aging out of foster care are those entering as teenagers. In 1999, children ages 11 to 15 were somewhat overrepresented among children entering care (29 percent of entries into care versus 26 percent of the population in that age group). Children ages 16 and older were less likely than younger children to enter foster care but account for virtually all of those aging out of care.
- **Living arrangements.** Older foster children are substantially less likely than other foster children to live in a (foster) family. In 1999, 47 percent of foster children ages 14 and up lived in foster or pre-adoptive homes,[25] compared with more than 90 percent of younger children.[26] Of the remainder, 18 percent lived in group homes; 22 percent lived in institutions; about 3 percent were in supervised independent living, that is, living on their own but under the supervision of a social worker; 5 percent had run away; and 5 percent were on trial home visits, that is, visiting the home of their parent or parents in preparation for a return to living at home.
- **Chances for adoption.** Among those in foster care as of September 30, 1999, 127,000 children were "waiting to be adopted,"[27] meaning that adoption was the placement goal for these children or that parental rights had been terminated.[28] However, only 36,000 children were actually adopted from foster care in 1999. Thus, only about 28 percent of children who were eligible were, in fact, adopted over the course of the year. And the odds of these "waiting" children being adopted declined as they got older. Children ages 1 to 5 accounted for 35 percent of children eligible for adoption but 46 percent of actual adoptions.[29] In contrast, children ages 11 to 15 accounted for 22 percent of the adoption-eligible children but only 14 percent of actual adoptions, and those ages 16 to 18 accounted for 4 percent of the adoption-eligible children but only 2 percent of actual adoptions.

The Outlook

As young people leave foster care, all the available evidence suggests that they experience a set of problems that makes finding a niche in adult society an enormous challenge.[30] For example, results from the only nationally representative study of youth discharged from foster care ever undertaken[31] show that of those who aged out of foster care in 1988:

- 38 percent were emotionally disturbed;
- 50 percent had used illegal drugs; and
- 25 percent were involved with the legal system.[32]

According to the same study, poor educational and career preparation also hurt these youths' prospects of becoming productive adults. The study found that:

- Only 48 percent had graduated from high school. (In contrast, around 85 percent of all persons ages 18 to 24 had completed high school during the late 1980s and early 1990s.)[33]
- Two to four years after they left the system, only 38 percent had stayed employed and only 48 percent had held a full-time job. And of those who had held a full-time job, the median weekly salary was only $205.[34]

Summary

The nation has experienced rapid growth in the population of children in foster care over the past two decades. Overall, these foster children have emotional, behavioral, developmental, and health problems related to family and environmental factors, including abuse or neglect. Unfortunately, only scattered and mixed evidence exists about the effects of foster care placements, per se, on the well-being of foster children.

The relatively high annual exit rates from formal foster care mean that most foster children sooner or later either return home, go on to live with relatives, or are adopted. However, a significant number of children each year remain in the foster care system, some until early adulthood. Research suggests that, on average, these young adults have a broad constellation of problems that make adjustment to adult life extremely challenging. At the same time, the relatively small size of this population (about 18,500 in 1999, for example) suggests that the total cost of providing extra services to assist a successful transition to adulthood should be modest.

Implications For Public Policy

In crafting policies to deal with problems associated with aging out of foster care, two strategic goals can be pursued: reducing the number of young adults aging out of foster care each year, and helping young adults who *are* aging out of foster care to overcome the difficulties they may face.

Bringing Down the Numbers

A first step to reduce the number of young adults aging out of foster care is to reduce the number of births of children at high risk of abuse and neglect, which are disproportionately children born to teens and unmarried women. Indeed, a National Research Council review of the literature on child abuse and neglect found strong associations between the risk of a child being abused or neglected and: (1) being born to a young mother; (2) living in poor, young, single-mother families; and (3) living in unstable families including unrelated adults.[35] Researchers have identified a few programs that have been found to be effective in reducing teen pregnancy.[36] Among them are programs that focus primarily on abstinence and/or contraception (e.g., *Reducing the Risk* and *Safer Choices*); programs that focus primarily on non-sexual antecedents (e.g., *Teen Outreach Program, Abcedarian Preschool Program*, and *Reach for Health Community Youth Service Learning*); and youth development programs that focus on both sexual and non-sexual antecedents (e.g., *Children's Aid Society-Carrera Program*).

Moreover, because a majority of births to unmarried women are described as "unwanted" at the time of conception,[37] and because abused and neglected children are disproportionately reported as unintended,[38] some evidence also suggests that programs to make contraception easily available and affordable to unmarried women might help reduce the number of births outside of marriage.[39]

A second step to reduce the number of young adults aging out of foster care is to try to prevent child abuse and neglect from occurring, thus eliminating the *need* for foster care. For example, home-visiting programs by registered nurses have

been shown to be effective at reducing the risk of child abuse.[40] Unfortunately, as yet research provides little additional specific guidance in preventing child abuse and neglect or its recurrence.[41]

A third step to reduce the number of young adults aging out of foster care pertains to children already in the foster care system. And that is to find a safe, permanent place for these children – either by returning them to home environments that have been improved by the provision of services or by seeing that they are adopted by relatives or other adults (typically foster parents). With this interest in mind, the Adoption and Safe Families Act of 1997 has mandated that states develop new procedures for developing a plan for the permanent placement of every foster child in the nation and has reduced the time interval until a decision must be made on this placement to 12 months.[42] However, this increased emphasis on arriving at a relatively quick solution for where foster children will live (and with whom) may sometimes conflict with child welfare agencies' efforts to preserve families.[43] Agencies with limited staff and resources may find themselves trying to provide services to preserve or reunite a family while simultaneously planning an alternative permanent placement for a child – a practice known as "concurrent planning."

Overcoming the Difficulties

"Independent living" programs constitute the most common approach to addressing the difficulties facing young adults as they age out of foster care. Through these programs, young people leaving foster care receive a variety of services that may include: help in completing education and finding a job; instruction in basic skills needed to live on their own (for example, money management, hygiene, housekeeping, and nutrition); and supervised practice living arrangements, such as renting an apartment on their own or with others while continuing to receive assistance from a child welfare worker.

The federal government has made independent living funds ($70 million in 1999) available to states for providing a varying set of services to youth as a way to prepare them for assuming adult responsibilities.[44] This initiative was targeted originally at teens between the ages of 16 and 18 but was extended by the John H. Chafee Foster Care Independence Program to cover former foster children between ages 18 and 21. Many state and some local governments supplement these funds. In addition, the Foster Care Independence Act of 1999 provides financial support for states to provide young people between the ages of 18 and 21 who have *already* aged out of foster care with independent living services, room and board, and Medicaid.[45]

A nationally focused study of independent living,[46] released in 1991, found that youth who had received skill training in all of five key areas – money management, credit management, consumer skills, education, and employment – had significantly improved outcomes in their ability to live independently, when compared with those receiving no skill training in those areas. Though nonexperimental, results indicate that youth who received these services were better able to hold a job for at least a year; better able to obtain health care, if needed; less likely to go on welfare or to prison; and more likely to build a social network.

More recently, a review of the research literature on independent living programs and the practices of about 100 programs that provide independent living services concluded that very little research and program evaluation has been conducted on these programs.[47] Thus, recommendations drawn from this review should be considered "promising practices," as opposed to practices that had been fully validated by research and evaluation. Such promising practices would include some that have already mentioned in this brief, namely: life skills instruction; educational support, including financial assistance with post-secondary education; employment and career development support; mentoring and other community outreach activities and services; supervised independent living; and health services.

Further research using nationally representative samples and, if possible, random assignment experimental studies, is needed to establish the most effective mix of services to achieve more favorable adult outcomes for youth aging out of foster care – a group with truly exceptional needs.

Conclusion

Children in the foster care system bring with them the heavy "baggage" borne of neglect, abuse, and abandonment and parents who have been found to be hazardous to the health and well-being of the children they have brought into this world. That baggage

doesn't go away when foster children leave the system. They carry it with them even when those leaving foster care are no longer children, but young adults. Helping these young people overcome their troubled backgrounds remains a pressing societal concern. Research-based information can provide valuable guidance for policy makers and practitioners in their endeavors to provide that assistance.

This brief summarizes a longer report by the author, *Aging out of foster care: Young adults with special needs* (2002, Washington, DC: Child Trends) that was prepared specifically for the Annie E. Casey Foundation. Child Trends gratefully acknowledges the Annie E. Casey Foundation for its support of our research on foster children, as well as for its support of our communications activities. We also thank the John D. and Catherine T. MacArthur Foundation for ongoing support of our *Research Brief series*. Additional support for Child Trends' communications efforts is provided by the David and Lucile Packard Foundation and the William and Flora Hewlett Foundation.

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Endnotes

[1]U.S. Department of Health and Human Services [DHHS]: Children's Bureau. (2002a). *The AFCARS report*. http://www.acf.hhs.gov/programs/cb; U.S. Department of Health and Human Services [DHHS]: Office of the Assistant Secretary for Planning and Evaluation. (2002). *Trends in the well-being of America's children and youth*. Washington, DC: Author.

[2]U.S. DHHS: Children's Bureau (2002a).

[3]But some foster children are "emancipated" from foster care (i.e., released from the jurisdiction of the overseeing court and social services agency) prior to age 18, while others are allowed to remain in foster care after reaching age 18 if they are students or have a disability.

[4]U.S. DHHS: Office of the Assistant Secretary for Planning and Evaluation (2002).

[5]U.S. House of Representatives Committee on Ways and Means. (2000). *Green Book 2000*. Washington, DC: U.S. Government Printing Office; U.S. Department of Health and Human Services: Children's Bureau. (2002b). *The AFCARS report, No. 7: Interim FY 2000 estimates*. http://www.acf.hhs.gov/programs/cb

[6]These include the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), the 1994 Multiethnic Placement Act (Public Law 103-382), and the 1997 Adoption and Safe Families Act (Public Law 105-89).

[7]Data for the five bullet points in this section are based on the following sources: U.S. Census Bureau: Population Division. (2000). *U.S. population estimates by age, sex, race, and Hispanic origin: 1980 to 1999*. Washington, DC: Author; U.S. DHHS: Children's Bureau. (2001a). *The AFCARS report, No. 6: Interim FY 1999 estimates*. Washington, DC: Author.

[8]U.S. DHHS: Children's Bureau (2001a).

[9]Ibid.

[10]For a useful review of this topic, see: Jordan Institute for Families. (2001). Understanding the overrepresentation of African Americans in the child welfare system [Electronic version]. *Children's Services Practice Notes, 6*(2), http://ssw.unc.edu/fcrp/cspn/vol6_no2.htm

[11]Kortenkamp, K., & Ehrle, J. (2002). *The well-being of children involved with the child welfare system: A national overview* (Series B, No. B-43). Washington, DC: The Urban Institute.

[12]"Low income" means an income of $36,044 for a family of four with a single parent.

[13]Carpenter, S. C., Clyman, R. B., et al. (2001). The association of foster care or kinship care with adolescent sexual behavior and first pregnancy [Electronic version]. *Pediatrics, 108*(3), http://www.pediatrics.org/cgi/content/full/108/3/e46

[14]U.S. Department of Health and Human Services: Children's Bureau. (2001b). *Child maltreatment, 1999*. Washington, DC: Author.

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[16]Taussig, H. N., Clyman, R. B., et al. (2001). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics, 108*(1), 1-7.

[17]Horwitz, S. M., Balestracci, K. M. B., et al. (2001). Foster care placement improves children's functioning. *Archives of Pediatric and Adolescent Medicine, 155*, 1255-1260.

[18]Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family Relations, 50*, 3-22.

[19]There are exceptions, as noted above. That is, some foster children are "emancipated" (allowed to live on their own without court supervision) from foster care prior to age 18, while others are allowed to remain in foster care after reaching age 18 if they are students or have a disability.

[20]U.S. DHHS: Children's Bureau (2001a).

[21]Child Trends analysis of 1999 AFCARS data, National Data Archive on Child Abuse and Neglect [NDACAN] (2001), Adoption and Foster Care Analysis System (AFCARS) 1999, Public use data files.

[22]The high numbers of foster children in California, Illinois, and New York reflect their shares of the U.S. population. Several other states have equally high rates of children in care.

[23]These differences in rates are inconsistent with any evidence of differences in abusive and neglectful behavior by parents and, thus, may instead largely reflect differences in how states set up and manage their child welfare systems.

[24]Data in this section are based on U.S. DHHS: Children's Bureau (2001a), and Child Trends tabulations of 1999 AFCARS data, NDACAN (2001).

[25]Child Trends' calculations based on the 1999 Adoption and Foster Care Analysis and Reporting System (AFCARS) file (U.S. DHHS: Children's Bureau, [2001a]).

[26]U.S. DHHS: Children's Bureau (2001a).

[27]Ibid.

[28]Excluded from this figure are children whose placement goal is emancipation.

[29]U.S. DHHS: Children's Bureau (2001a).

[30]An excellent review of the literature on children exiting the foster care system is found in Loman, L. A., & Siegel, G. L. (2000). *A review of literature on independent living of youth in foster and residential care*. St. Louis, MO: Institute of Applied Research.

[31]Cook, R. (1991). *A national evaluation of Title IV-E foster care independent living programs for youth: Phase 2 final report*. Rockville, MD: Westat.

[32]Total does not add up to 100 percent because many individuals had more than one problem.

[33]U.S. Department of Education (2001). *Dropout rates in the United States: 1999*. Washington, DC: National Center for Educational Statistics.

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[34]A more recent study limited to foster children leaving the Wisconsin foster care system in 1995 reported similar findings. See, Courtney, M., & Piliavin, I. (1998). *Foster youth transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care.* Madison, WI: University of Wisconsin School of Social Work.

[35]National Research Council. (1993). *Understanding child abuse and neglect.* Washington, DC: National Academy Press.

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[41]National Research Council (1993).

[42]In addition, this legislation requires that criminal record checks be performed on prospective adoptive parents.

[43]Malm, K., Bess, R., et al. (2001). *Running to keep in place: The continuing evolution of our nation's child welfare system* (Assessing the New Federalism, Occasional Paper 54). Washington, DC: The Urban Institute.

[44]U.S. General Accounting Office. (1999). *Foster care: Effectiveness of independent living services unknown.* Washington, DC: Author.

[45]Ibid.

[46]Cook, R. (1991).

[47]Sheehy, A. M., Oldham, E., et al. (2001). *Promising practices: Supporting transition of youth served by the foster care system.* Portland, ME, & Tulsa, OK: Edmund S. Muskie School of Public Service & National Resource Center for Youth Services.

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